UNITED STATES DISTRICT COURT EASTERN DISTRICT OF WASHINGTON

HERMAN D. COLLINS,

Plaintiff,

ORDER DENYING PLAINTIFF'S

V.

MOTION FOR SUMMARY JUDGMENT
AND GRANTING DEFENDANT'S

MICHAEL J. ASTRUE, Commissioner of Social Security,

Defendant.

Defendant.

BEFORE THE COURT are cross-Motions for Summary Judgment. (Ct. Rec. 13, 19.) Attorney Maureen J. Rosette represents Herman Collins (Plaintiff); Special Assistant United States Attorney Franco L. Becia represents the Commissioner of Social Security (Defendant). The parties have consented to proceed before a magistrate judge. (Ct. Rec. 7.) After reviewing the administrative record and briefs filed by the parties, the court **DENIES** Plaintiff's Motion for Summary Judgment, and directs entry of judgment for Defendant.

#### JURISDICTION

Plaintiff protectively filed for disability insurance benefits (DIB) and Supplemental Security Income (SSI) on January 26, 2007. (Tr. 121.) He alleged disability due to depression, Type II diabetes, arthritis, bursitis, neuropathy, heart issues, gout, stomach problems, and high blood pressure. (Tr. 125.) He alleged

ORDER DENYING PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT AND GRANTING DEFENDANT'S MOTION FOR SUMMARY JUDGMENT - 1

an onset date of January 7, 2007. (*Id.*) Benefits were denied initially and on reconsideration. Plaintiff timely requested a hearing before an administrative law judge (ALJ), which was held before ALJ R. S. Chester on October 22, 2008. (Tr. 23-57.) Plaintiff, who was represented by counsel, and vocational expert K. Diane Kramer (VE) testified. The ALJ denied benefits on November 28, 2008, and the Appeals Council denied review. (Tr. 1-5, 12-22.) The instant matter is before this court pursuant to 42 U.S.C. § 405(q).

#### STANDARD OF REVIEW

In  $Edlund\ v.\ Massanari$ , 253 F.3d 1152, 1156 (9th Cir. 2001), the court set out the standard of review:

A district court's order upholding the Commissioner's denial of benefits is reviewed de novo. Harman v. Apfel, 211 F.3d 1172, 1174 (9th Cir. 2000). The decision of the Commissioner may be reversed only if it is not supported by substantial evidence or if it is based on legal error. Tackett v. Apfel, 180 F.3d 1094, 1097 (9th Cir. 1999). Substantial evidence is defined as being more than a mere scintilla, but less than a preponderance. Id. at 1098. Put another way, substantial evidence is such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. Richardson v. Perales, 402 U.S. 389, 401 (1971). If the evidence is susceptible to more than one rational interpretation, the court may not substitute its judgment for that of the Commissioner. Tackett, 180 F.3d at 1097; Morgan v. Commissioner of Social Sec. Admin., 169 F.3d 595, 599 (9th Cir. 1999).

The ALJ is responsible for determining credibility, resolving conflicts in medical testimony, and resolving ambiguities. Andrews v. Shalala, 53 F.3d 1035, 1039 (9th Cir. 1995). The ALJ's determinations of law are reviewed de novo, although deference is owed to a reasonable construction of the applicable statutes. McNatt v. Apfel, 201 F.3d 1084, 1087 (9th Cir. 2000).

It is the role of the trier of fact, not this court, to resolve conflicts in evidence. *Richardson*, 402 U.S. at 400. If evidence

supports more than one rational interpretation, the court may not substitute its judgment for that of the Commissioner. Tackett, 180 F.3d at 1097; Allen v. Heckler, 749 F.2d 577, 579 (9th Cir. 1984). Nevertheless, a decision supported by substantial evidence will still be set aside if the proper legal standards were not applied in weighing the evidence and making the decision. Brawner v. Secretary of Health and Human Services, 839 F.2d 432, 433 (9th Cir. 1988). substantial evidence to support there is the administrative findings, or if there is conflicting evidence that will support a finding of either disability or non-disability, the finding of the Commissioner is conclusive. Sprague v. Bowen, 812 F.2d 1226, 1229-1230 (9<sup>th</sup> Cir. 1987).

### SEQUENTIAL EVALUATION

Also in *Edlund*, 253 F.3d at 1156-1157, the court set out the requirements necessary to establish disability:

Under the Social Security Act, individuals who are "under a disability" are eligible to receive benefits. 42 U.S.C. § 423(a)(1)(D). A "disability" is defined as "any medically determinable physical or mental impairment" which prevents one from engaging "in any substantial gainful activity" and is expected to result in death or last "for a continuous period of not less than 12 months." 42 U.S.C. § 423(d)(1)(A). Such an impairment must result "anatomical, physiological, from or psychological abnormalities which demonstrable medically are by acceptable clinical and laboratory diagnostic techniques." 42 U.S.C. § 423(d)(3). The Act also provides that a claimant will be eligible for benefits only if his impairments "are of such severity that he is not only unable to do his previous work but cannot, considering his age, education and work experience, engage in any other kind of substantial gainful work which exists in the national economy. . . . " 42 U.S.C. § 423(d)(2)(A). Thus, the definition of disability consists of both medical and vocational components.

In evaluating whether a claimant suffers from a disability, an ALJ must apply a five-step sequential inquiry addressing both components of the definition,

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until a question is answered affirmatively or negatively in such a way that an ultimate determination can be made. 20 C.F.R. §§ 404.1520(a)-(f), 416.920(a)-(f). "The claimant bears the burden of proving that [s]he is disabled." Meanel v. Apfel, 172 F.3d 1111, 1113 (9th Cir. 1999). This requires the presentation of "complete and detailed objective medical reports of h[is] condition from licensed medical professionals." Id. (citing 20 C.F.R. §§ 404.1512(a)-(b), 404.1513(d)).

Commissioner has established a five-step sequential evaluation process for determining whether a person is disabled. C.F.R. §§ 404.1520(a), 416.920(a); see Bowen v. Yuckert, 482 U.S. 137, 140-42 (1987). In steps one through four, the burden of proof rests upon the claimant to establish a prima facie case of entitlement to disability benefits. Rhinehart v. Finch, 438 F.2d 920, 921 (9<sup>th</sup> Cir. 1971). This burden is met once a claimant establishes that a physical or mental impairment prevents him from engaging in his previous occupation. 20 C.F.R. §§ 404.1520(a), 416.920(a). If a claimant cannot do his past relevant work, the ALJ proceeds to step five, and the burden shifts to the Commissioner to show that (1) the claimant can make an adjustment to other work; and (2) specific jobs exist in the national economy which claimant can perform. 20 C.F.R. §§ 404.1520(a)(4)(v), 416.920(a)(4)(v); Kail v. Heckler, 722 F.2d 1496, 1497-98 (9th Cir. 1984).

# STATEMENT OF THE CASE

The facts of the case are set forth in detail in the transcript of proceedings and are briefly summarized here. At the time of the hearing, Plaintiff was 55 years old, married, and living in a mobile home with his spouse and father-in-law. (Tr. 31.) Plaintiff had a high school education and one and a half years of community college. (Tr. 33.) He had served in the Navy, but was released on an

administrative discharge. (Tr. 35.) Plaintiff had past work experience in the automobile sales business as a car salesman and car lot porter. He stated he had had more than fifty jobs in auto (Tr. 47, 52.) He testified he stopped working because he sales. had to elevate his feet six times a day, he suffered sore joints in his knees, shoulders, back and hips, and was impaired by depression and mood swings. (Tr. 36, 45-46.) He also stated he was hospitalized at the Veteran's Administration for depression in January 2007. (Tr. 49.) He testified his medication side effects made it difficult to work. (Tr. 35-36.) Regarding work related activities, Plaintiff reported his depression prevented him from being in public, he only could walk for ten minutes, stand for ten to fifteen minutes, sit for ten to fifteen minutes, and carry no more than two twelve packs of pop reportedly due to his physical impairments. (Tr. 41-44.)

## ADMINISTRATIVE DECISION

At step one, ALJ Chester found Plaintiff had not engaged in substantial gainful activity since January 7, 2007. (Tr. 14.) At step two, he found Plaintiff had severe impairments of "major depressive disorder; bursitis; degenerative disc disease, lumbar spine; morbid obesity; and chronic obstructive pulmonary disease (COPD)." (Id.) He found reported left knee problems were not severe. (Tr. 16.) At step three, ALJ Chester found Plaintiff's impairments, alone and in combination, did not meet or medically equal one of the listed impairments in 20 C.F.R., Appendix 1, Subpart P, Regulations No. 4 (Listings). (Tr. 17.) At step four, the ALJ determined Plaintiff had the residual functional capacity

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(RFC) to perform medium work with these specific limitations:

-lift and carry up to 20 pounds frequently and up to 50 pounds occasionally;

-sit for two hours at one time up to a total of four hours in an 8-hour day;

-stand and walk for two hours at one time up to a total of 4 hours in an 8 hour day;

-avoid overhead reaching, climbing ladders or scaffolds, crouching, and working around unprotected heights and moving mechanical parts.

-occasional climbing stairs and ramps, balancing, stooping, kneeling, crawling, and operating a motor vehicle. (Tr. 18.)

In his step four findings, ALJ Chester summarized the medical evidence, third party testimony, and Plaintiff's testimony, made credibility findings, and concluded Plaintiff's statements regarding the severity of his functional limitations were not credible to the extent they were inconsistent with the RFC findings. (Tr. 18-21.)

Based on the RFC, Plaintiff's credible testimony, and VE testimony, the ALJ concluded Plaintiff could perform his past work as a automobile salesman and used car lot porter. (Tr. 21-22.) The ALJ found Plaintiff was not disabled, as defined by the Social Security Act, from the alleged onset date through the date of his decision. (Tr. 22.)

### **ISSUES**

The question is whether the ALJ's decision is supported by substantial evidence and free of legal error. Plaintiff argues the ALJ erred in his: (1) credibility findings; (2) evaluation of

medical source opinions; and (3) step four determination. (Ct. Rec. 14 at 9-18.)

### **DISCUSSION**

# A. Credibility Findings

Plaintiff contends the ALJ failed to properly discredit his symptom testimony. (Ct. Rec. 14 at 14.) When the ALJ finds a claimant's statements as to the severity of impairments, pain, and functional limitations are not credible, the ALJ must make a credibility determination with findings sufficiently specific to permit the court to conclude the ALJ did not arbitrarily discredit claimant's allegations. Thomas v. Barnhart, 278 F.3d 947, 958-959 (9th Cir. 2002); Bunnell v. Sullivan, 947 F.2d 341, 345-46 (9th Cir. 1991) (en banc).

If there is no affirmative evidence that the claimant is malingering, the ALJ must provide "clear and convincing" reasons for rejecting the claimant's symptom testimony. Reddick v. Chater, 157 F.3d 715, 722 (9th Cir. 1998). The ALJ engages in a two-step analysis in deciding whether to admit a claimant's subjective symptom testimony. Lingenfelter v. Astrue, 504 F.3d 1028, 1035-36 (9th Cir. 2007); Smolen v. Chater, 80 F.3d 1273, 1281 (9th Cir. 1996). Under the first step, the ALJ must find the claimant has produced objective medical evidence of an underlying "impairment," and that the impairment, or combination of impairments, could reasonably be expected to cause "some degree of the symptom." Lingenfelter, 504 F.3d at 1036.

Once the first test is met, the ALJ then evaluates the credibility of the claimant and makes specific findings supported by

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"clear and convincing" reasons. (Id.) In addition to ordinary techniques of credibility evaluation, the ALJ may consider the following factors when weighing the claimant's credibility: the claimant's reputation for truthfulness; inconsistencies either in his allegations of limitations or between his statements and conduct; daily activities and work record; and testimony from physicians and third parties concerning the nature, severity, and effect of the alleged symptoms. Light v. Social Sec. Admin., 119 F.3d 789, 792 (9th Cir. 1997); Fair v. Bowen, 885 F.2d 597 n.5 (9th Cir. 1989). Although an adjudicator may not reject a claimant's extreme symptom complaints solely on a lack of objective medical evidence to support the degree of severity alleged, medical evidence is a relevant factor to consider. Social Security Ruling (SSR) 96-7p.1

Plaintiff argues the ALJ failed to give "clear and cogent" reasons for rejecting his statement that he needed to elevate his legs six times a day. (Ct. Rec. 14 at 15-16; Tr. 46.) However, de novo review of record and the ALJ's findings show that ALJ Chester (1) specifically noted Plaintiff's testimony that he needs to elevate his feet six times a day because they start to swell; and (2) gave specific "clear and convincing" reasons supported by the

<sup>&</sup>lt;sup>1</sup> Social Security Rulings are issued to clarify the Regulations and policy. They are not published in the federal register and do not have the force of law. However, under the case law, deference is to be given to the Commissioner's interpretation of the Regulations. *Ukolov v. Barnhart*, 420 F.3d 1002 n.2 (9<sup>th</sup> Cir. 2005); *Bunnell*, 947 F.2d at 346 n.3.

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record for discounting the intensity and limitations alleged in this testimony. (Tr. 19, 20.) For example, the ALJ found no medical evidence from treating sources at the Veteran's Administration medical clinic (VA) indicating concern regarding excessive swelling, restrictions on Plaintiff's activities due to swelling of his feet, or the need to elevate his legs. (Tr. 15, 19.) These findings are supported by records from consulting neurologist, Kathleen Meyer, M.D., who examined Plaintiff on May 19, 2008, and Robert Rose, M.D., who examined Plaintiff on August 11, 2008. (Tr. 15, 511-13, 514-25.)

Plaintiff presented to Dr. Meyer complaining of back pain, and reported swelling of his feet and ankles in his systems review form. (Tr. 511.) On examination, Dr. Meyer noted normal sensation in all four extremities, normal strength and tone in his arms and legs with no atrophy, and no radicular component to his symptoms or examination. (Tr. 512.) She opined his condition did not warrant

Independent review of the record indicates Plaintiff was diagnosed with gout in January 2006. He was advised to change his diet, take his medication, and keep his feet elevated for 20 minutes if swelling became acute. (Tr. 363.) By June 2006, the medical records indicate Plaintiff had lost weight, his gout was controlled, and diabetes control was improving. (Tr. 355.) These records predate Plaintiff's alleged onset date of January 2, 2007. Evidence that predates the alleged period of disability is of limited relevance. Carmickle v. Astrue, 533 F.3d 1155, 1165 (9th Cir. 2008). Treating source records after March 2007 do not reflect the severity noted in 2006. (See, e.g., Tr. 391-923.)

surgery, but recommended injections and aquatic therapy. (Id.)

Plaintiff presented to Dr. Rose for an evaluation of back pain. (Tr. 514.) Dr. Rose found evidence of degenerative arthrosis in the lumbosacral spine, without evidence of neuropathy or radiculopathy. However, he noted "diffuse peripheral neuropathy (Tr. 516.) affecting bilateral feet." (Tr. 516.) He concluded Plaintiff was capable of standing for two hours at one time without interruption for two hours in an eight-hour work day, walking for two hours at one time without interruption for two hours in an eight-hour work day, and sitting for four hours at one time without interruption, for four hours in an eight-hour day. (Tr. 520.) Plaintiff was also capable of frequently operating foot controls. (Tr. 520, 521.) Neither examining physician opined Plaintiff's condition required elevation of his feet six times a day or suggested his foot condition would prevent him from working. This medical evidence supports the ALJ's rejection of Plaintiff's allegation regarding the need to elevate his feet six times a day. (Tr. 20; see Tr. 391-923.)

In addition, the ALJ referenced other evidence. For example, he noted inconsistencies between Plaintiff's testimony and statements made to treatment providers. As found by the ALJ, Plaintiff reported to providers that he had left his job in auto sales because of traffic tickets and stress, not because of alleged impairment symptoms as testified. (Tr. 20, 263, 289.) The ALJ also referenced reports from medical providers that contradicted Plaintiff's complaints of intense pain and depression; the effective control of anxiety and depression symptoms with medication; and daily activities inconsistent with total disability. (Tr. 19.)

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These are "clear and convincing" reasons to discount Plaintiff's testimony. Thomas, 278 F.3d at 958-959.

As explained by the Commissioner in his policy ruling, the ALJ need not totally reject a claimant's statements. SSR 96-7p. ALJ Chester properly found Plaintiff's statements to be credible to a certain degree, but discounted allegations of total disability based on a review and interpretation of evidence in the record as a whole. Tackett, 180 F.3d at 1097-98. As stated by the ALJ, pain complaints which are supported by the record were factored into the final RFC determination. (Tr. 20.) The ALJ did not err in his credibility findings. Because his findings are supported by substantial evidence, the Commissioner's credibility determination is affirmed.

## B. Evaluation of Medical Evidence

Plaintiff argues the ALJ did not give legally sufficient reasons for rejecting "marked" limitation findings noted by examining psychologist, Dennis Pollack, Ph.D., in his Medical Source Statement. (Ct. Rec. 14 at 16; Tr. 565.) Dr. Pollack evaluated Plaintiff on October 10, 2008, based on results from several psychological tests, a review of past records, and an interview based on Plaintiff's self-report. (Tr. 558-67.)

The ALJ summarized Dr. Pollack's evaluation and specifically gave little weight to his "report and opinion of [two] marked limitations in performing activities within a schedule, maintain regular attendance, be punctual within customary tolerances, [and] complete a normal workday and workweek and perform at a consistent pace without an unreasonable number and length of rest periods." (Tr. 20, 565.)

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In rejecting the "marked" ratings, the ALJ reasoned the evaluation was obtained by Plaintiff's attorney as evidence for the appeal, was based primarily on Plaintiff's unreliable self-report, and was not supported by other evidence in the record. (Tr. 16, 20.) Although the purpose for which a medical opinion is sought is, by itself, not a "specific, legitimate reason" for rejecting an medical source opinion, it may be a permissible consideration in the ALJ's analysis "under certain circumstances." Nguyen v. Chater, 100 F.3d 1462, 1464 (9th Cir. 1996) (citing Burkhart v. Bowen, 856 F.2d 1335, 1339 (9th Cir. 1988) (treating physician's letter solicited by claimant's attorney legitimately rejected as unsupported by test results, explanation, or other evidence in the record).

Here, ALJ specifically addressed his concerns regarding the context in which the examination was conducted, but did not rely on this reason for discounting the marked limitations assessed by Dr. Pollack. Rather, he referenced Plaintiff's lack of credibility and lack of other medical evidence in the record to support the severity rating. (Tr. 20.) These are legally sufficient reasons to reject the contradicted functional limitations. Tommasetti, 533 F.3d at 1041; see also Magallanes v. Bowen, 881 F.2d 747, 755 (9th Cir. 1989) (reviewing court can read the adjudicator's summary of the evidence and draw inferences). De novo review shows that the ALJ's reasoning

<sup>&</sup>lt;sup>3</sup> Dr. Pollack's "marked" limitations are contradicted by limitations assessed by examining psychologist Frank Rosekrans, Ph.D., in February 2007. Contradicted medical source opinions may be rejected by the ALJ with specific and legitimate reasons.

Tommasetti v. Astrue, 533 F.3d 1035, 1041 (9th Cir. 2008).

is supported by substantial evidence in the record.

includes medical evidence evaluation by an psychologist James Bailey, Ph.D., who reviewed Plaintiff's records in March 2007 and concluded Plaintiff had no marked limitations in his mental functioning categories. (Tr. 416-17.) In support of his findings, Dr. Bailey referenced a February 14, 2007, psychological evaluation signed by Frank Rosekrans, Ph.D., in which psychological tests similar to those relied upon by Dr. Pollack were administered and interpreted. (Tr. 414, 263-72, 558.) Dr. Rosekrans found Plaintiff tested average in intellectual functioning and did not have psychological impairments sufficient to keep him from working. (Tr. 268.) Significantly, Dr. Rosekrans noted Plaintiff's reported activities of daily living were "at extreme odd[s]" with the psychological evaluations and his claims were "somewhat exaggerated when compared to [the] exam." (Tr. 414.)

It is noted also on review that, with the exception of the two marked limitations rejected by the ALJ, Dr. Pollack rated remaining mental and social functioning categories as having "no limitations" or "mild limitations," ratings that would indicate a non-severe mental impairment. (Tr. 565-66.) The ALJ did not err in rejecting the two, unexplained "marked" ratings that are inconsistent with and unsupported by the rest of the evidence, including the majority of Dr. Pollack's own report. Tommasetti, 533 F.3d at 1041 (incongruity in medical source's evaluation is a specific and legitimate reason for rejection of limitations). In addition, as found by the ALJ, the marked limitations are not supported by Plaintiff's VA mental health progress notes regarding his psychiatric hospitalization and

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treatment. (Tr. 316-336.)

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For example, the record shows Plaintiff was hospitalized on January 10, 2007, when he presented to VA staff requesting help for increasing depression and anxiety symptoms and suicidal ideation. He reported he recently had ridden his horse in the country for hours, "not caring if he became hypothermic." (Tr. 334-36.) During intake interview, Plaintiff reported multiple stressors: the unemployment, expiration of unemployment benefits, caring for his mother who was ill with cancer. (Tr. 336.) Progress notes indicate he received medication and counseling to address his symptoms, and was discharged on January 12, 2007, with a diagnosis of major depressive disorder, recurrent, moderate. (Tr. 289-90.) The treating psychiatrist's discharge report indicates Plaintiff would need continued medication and counseling. (Tr. 290.) Thereafter, notes indicated Plaintiff attended counseling, progress responding well to medication, reported feeling calmer and less depressed, and caring for his ill mother. He reported no complaints about symptoms, was watching his diet and losing weight. (Tr. 395, 485, 487, 491.) The VA records and Dr. Rosekrans' comprehensive psychological evaluation (administered one month after Plaintiff's discharge from the VA hospital) support the ALJ's finding that Dr. Pollack's marked limitations are not supported by other substantial evidence in the record.

The resolution of ambiguities and conflicts in the medical record is the sole responsibility of the ALJ. *Andrews*, 53 F.3d at 1039. Where, as here, the record supports the ALJ's resolution of ambiguity within Dr. Pollack's psychological evaluation and conflict

with mental health progress notes and opinions from other acceptable medical sources with specific and legitimate reasoning, the court may not substitute its judgment for that of the Commissioner.

# C. Step Four Findings

Citing SSR 83-10, (Determining Capability To Do Other Work - The Medical-Vocational Rules of Appendix 2), <sup>4</sup> Plaintiff appears to argue that because the final RFC determination includes limitations inconsistent with the Commissioner's definitions of "medium" or "light" level work, the ALJ and VE should have assumed he could only perform sedentary work, and was, therefore, disabled. <sup>5</sup> This argument is without merit.

As defined in SSR 83-10 and the Regulations, "a full range of medium work requires standing or walking, off and on, for a total of approximately 6 hours in an 8-hour work day. Sitting may occur intermittently during the remaining time." SSR 83-10 (Glossary). A full range of light work requires lifting no more than 20 pounds at a time and frequent lifting or carrying objects up to ten pounds.

<sup>&</sup>lt;sup>4</sup> Social Security Ruling 83-10 provides guidance to the adjudicator at step five, when a claimant has met his step four burden to show his impairments prevent him from performing past work.

<sup>&</sup>lt;sup>5</sup> If Plaintiff were found to be limited to sedentary work and unable to perform past work, the ALJ would be obliged to proceed to step five. Using the Medical-Vocational Guidelines as a framework a finding of "disabled" would be directed for an individual of Plaintiff's age and education. 20 C.F.R. Pt. 404, Subpt. P, App. 2, Rules 201.06 and 201.14.

Light work may require "a good deal of walking or standing," which is the primary difference between sedentary and most light jobs. However, light work may also involve sitting most of the time, with some pushing and pulling of hand or foot controls. Id. Sedentary work is limited to jobs involving lifting no more than 10 pounds, and is performed primarily in a seated position. Id. The fact that the ALJ's RFC with additional exertional limitations does not fit exactly within the SSR 83-10 definition of "a full range" of medium or light work does not mean Plaintiff is limited to sedentary work or is disabled. Further, Plaintiff's RFC (which is reflected in hypotheticals presented to the VE) significantly exceeds the capacities of sedentary work. See SSR 83-10 (Glossary).

The Commissioner's regulations address this type of situation specifically. Where it is determined at step four that a claimant's RFC contains components of light and medium work, the ALJ may use the services of a vocational expert to determine if the claimant can do his past relevant work, as actually performed or as generally performed in the national economy. 20 C.F.R. §§ 404.1560(b)(2)), 416.960(b)(2); see also Moore v. Apfel, 216 F.3d 864, 870-71 (9<sup>th</sup> Cir. 2000); SSR 83-12 (at step five, vocational expert testimony necessary where RFC falls between two levels). In this case, the ALJ found Plaintiff had the RFC to perform a limited range of medium work with specific limitations in standing, walking and sitting, as assessed by Dr. Rose in August 2008. (Tr. 18, 21, 519-24.) As directed by the Regulations, the ALJ correctly obtained the services of a vocational expert at step four to determine if these limitations precluded Plaintiff's past work at the medium and light

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levels.

Based on occupational information in the record, the VE testified Plaintiff's past work in automobile sales consisted of two occupations described in the Dictionary of Occupational Titles (DICOT): automobile retail sales (classified as light work) and car lot porter (classified as medium work). (Tr. 52.) Considering two hypotheticals presented by the ALJ, the VE found the individuals presented could still perform the medium level job and the light level job, as they were actually performed and as generally performed. (Tr. 21-22, 54-55.)

The VE's testimony is consistent with DICOT information regarding the demands of the Plaintiff's past work and, therefore, supported by substantial evidence. Bray v. Commissioner of Social Security Admin., 554 F.3d 1219, 1230 n.3 (9th Cir. 2009); DICOT No. 273.353-010, 915.687-022; SSR 00-4p. Based on her expertise, the VE testified a hypothetical individual who could lift 20 pounds frequently and up to 50 pounds occasionally, with the capacities for standing, walking and sitting listed above, could perform either of Plaintiff's past jobs as a porter or sales person. (Tr. 54-55.) She indicated an individual restricted to light level work (i.e., restricted to lifting and carrying with the same work related abilities) could perform the sales job. (Id.)

Although Plaintiff may not agree with this testimony, he offers no expert testimony or documentation to rebut the vocational specialist testimony, which was necessary and appropriate at step four to determine whether Plaintiff could meet the exertional and non-exertional demands of his previous work. 20 C.F.R. §§

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404.1560(b)(2)), 416.960(b)(2); see also Moore, 216 F.3d at at 870-71. The ALJ did not err in relying on the VE opinions in his step four evaluation. Because Plaintiff did not meet his burden at step four, the Commissioner was not obliged to proceed to step five or apply the Medical-Vocational Guidelines. 20 C.F.R. §§ 404.1520(a)(4) and (g), 416.920(a)(4) and (g).

#### CONCLUSION

The ALJ's findings are supported by substantial evidence and free of legal error. Accordingly,

### IT IS ORDERED:

- 1. Plaintiff's Motion for Summary Judgment (Ct. Rec. 13) is DENIED;
- 2. Defendant's Motion for Summary Judgment (Ct. Rec. 19) is GRANTED.

The District Court Executive is directed to file this Order and provide a copy to counsel for Plaintiff and Defendant. Judgment shall be entered for Defendant, and the file shall be **CLOSED**.

DATED April 7, 2011.

S/ CYNTHIA IMBROGNO
UNITED STATES MAGISTRATE JUDGE